260	A D T14		~ ~ ~ .		SION OF HEALTH - STANDARD CERTIFICATE OF DEATH = 63-0020	<u> </u>
DO NOT WRITE	AR 114	AMENDED I			Legistration District No. 2001 Registrer's No. 27 STATE FILE NUM	ABER
ON THIS STUB				1=	FILED FEB 1 5 1963	
VS 300	اوا		H	ľ	a. COUNTY Newton 2. USUAL RESIDENCE (Where decessed lived. If institution: Rived as STATE of the STATE of t	esidence before admission)
Rev. 4/59	AMENDED			-	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	Inside Limits
ا م	WE				TÖWN Joplin 31 days TÖWN Grove	Yes 🗆 No 🗷
0499	E A				c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ADDRESS (If outside, give location) ADDRESS	Reside on Farm
283502	DATE		1	l _	institutionFreeman Hospital Yes. № □ Star Rt	Yes 🛭 No 🍱
3		\sqcap	†	_;	3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) OF	Year
4 0			11	l _	Henry Andrew Booher DEATH Febr 10 1963	
7 0	-		1		5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR Widowed Wido	IF UNDER 24 H
5				-10	male white Widowed I marrived August 23 1893 69 Months Days Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF W	VHAT COUNTRY
6	§.			ļ. "	during most of working life, even if retired) Construction Oil Fields Wichita Kansas USA	AIIAI COOMA
7 /	FOLLOW			13	13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
8 0	준			i	Henry Andrew Booher Mary m Cockran Birdid Booher	
<i>U</i>	AS				5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
200.2	씵			_	no no Burdie Booher Star Rt Grove,	ERVAL BETWEEN
10	۷				PART I. DEATH WAS CAUSED BY:	SET AND DEATH
11	중등]	:	IMMEDIATE CAUSE (a) Right MOULY A QUI Sugnational 2	THO.
12// 5	RECORI EAD OF		<u>ĕ</u>		Conditions, if any, DUE TO (b) Maleanen demaliana 2	mo
	THIS				which gave rise to above cause (a),	-
132-0		+	\forall		stating the under- lying cause last. DUE TO (c)	-
	8			Ö	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) There a pregnance	vas female wa cy in lest 90 day
	SE			Ş	☐ Yes ☐ No	
	位					o 🔲 🔲 Unknow
	≅l I		1 1	RTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or	
	MON			A CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II o	
Z	AMENDM			DICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO O Month, Day, Year INJURY OF THE PROPERTY OF	
NK BBON	AMENDMENT	, -		MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO D 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PART	
RIBB(AMENDW			MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO D 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PART	of item 18.)
RIBB(MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO D 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PART	of item 18.)
RIBB(READ			MEDICAL CERTIFI	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PA	of item 18.)
Z IBB	READ			MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO D	of item 18.)
Z IBB			TOF.	MEDICAL CERTIFI	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PA	STATE STATE JSES STATE JSES STATE JSES STATE JSES STATE JSES STATE JSES STATE STATE
BLACK INK OR RITER RIBB(SHOULD READ				19. WAS AUTOPSY PERFORMED? YES NO D North Month, Day, Year North Month Month, Day, Year North	STATE
RIBB(NO. SHOULD READ				19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO D 20c. TIME OF How Month, Day, Year INJURY 'a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK D 20d. INJURY OCCURRED AT THE PROPERTY OF CREMATORY STATE OF THE PROPERTY OF CREMATORY STATE OF THE PROPERTY OF CREMATORY STATE OF THE PROPERTY OF CREMATORY WHILE AT WORK Death occurred at State Of the Death occurred occurred of the Death occurred o	STATE STATE JSES STATE JSES STATE JSES STATE JSES STATE JSES STATE JSES STATE STATE
RIBB(SHOULD READ		3Y AFFIDAVIT OF	23 <u>b</u>	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PA	STATE STATE JSES STATE JSES STATE JSES STATE JSES STATE JSES STATE JSES STATE STATE

LEB 8 0-1803

STATEMENT BY LICENSED EMBALMEI

I hereby certify that the body whose name is re	recorded on the reverse side of this certificate was embalmed by me,	
working under my personal supervision.	Signer Stellorland	
Signature of Student Embalmer		
	Licensed Embalmer No. 9210Kla	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.